

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000019522	
1. Entity Name A&S SOURCING CONSULTANTS, INC.	

**FILED  
Apr 27, 2007 8:00 am  
Secretary of State**

04-27-2007 90218 049 \*\*\*150.00

Principal Place of Business  
7161 PROMENADE DR., STE 602 E  
BOCA RATON, FL 33433

Mailing Address  
7161 PROMENADE DR., STE 602 E  
BOCA RATON, FL 33433

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc. <i>Suite 602</i>	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STRATIS, SOPHIA 7161 PROMENADE DR., STE 602 X BOCA RATON, FL 33433		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remitting) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATIGEAS, GEORGE	NAME	
STREET ADDRESS	10 W 65 ST	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10023	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATIS, SOPHIA	NAME	
STREET ADDRESS	7161 PROMENADE DR., STE 602 X	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33433	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATIS, GEORGE	NAME	
STREET ADDRESS	868 PADDINGTON TERRACE	STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 3987871	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sophia Stratis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 561-750-9061  
Date Daytime Phone #